

2021



Summary of Benefits

Elderplan for Medicaid Beneficiaries (HMO D-SNP)

January 1, 2021 to December 31, 2021

Summary of Benefits – **Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2021**

Proposed Effective Date ____/____/____

Primary Care Provider

Name _____

Address _____

Phone Number (_____) _____

Name of Sales Representative

Important Numbers

Member Services

1-800-353-3765, TTY 711
8 a.m. to 8 p.m., 7 days a week



Summary of Benefits

for **Elderplan for Medicaid Beneficiaries (HMO D-SNP)**

January 1, 2021 – December 31, 2021

Bronx, Kings, Nassau, New York, Queens, and Westchester

About Elderplan

Elderplan is a not-for-profit organization founded right here in New York. Our primary objective is ensuring that members of our community receive the care and support they deserve. That's why we offer a variety of Medicare Advantage plans tailored to fit the changing needs of Medicare and dual Medicare and Medicaid beneficiaries at every level of health.

Elderplan is a member of MJHS Health System, a not-for-profit organization founded by Four Brooklyn Ladies in 1907 based on the core values of compassion, dignity and respect.

Elderplan is proud to care for people of every race, ethnicity, faith, national origin, gender identity or expression, sexual orientation and military status.



Elderplan for Medicaid Beneficiaries (HMO D-SNP)

Plan Overview

A plan designed for Medicare and Medicaid beneficiaries that covers all medical expenses at no cost and prescription coverage with minimal co-payments. Plus, you will enjoy an over-the-counter (OTC) benefit which now includes both health-related and select grocery items. The plan also includes a fitness benefit (gym access), comprehensive dental, home delivered meals after a hospital or nursing home discharge and transportation to medical appointments.

Perhaps one of the biggest perks of being enrolled in this plan is that you are assigned a dedicated Care Manager who leads a team of caring clinical professionals all committed to helping you stay healthy. Your Care Manager will stay in touch with your doctors, as well as help arrange your medical visits and transportation to get you there. They will be your go-to person and will work to help ensure you get the care you need to remain safely at home.

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Benefits at a Glance



Monthly Premium*



Doctor Visits (Primary Care)^



Specialist Care^

\$0



Acupuncture



Transportation



Silver&Fit® Fitness Program



Routine Hearing



Routine Vision



24/7 Access to Care
with Teladoc®

\$0



Over-the-Counter (OTC) Benefits

up to

\$120 every month



Use your OTC benefit to purchase groceries too!**

Summary of Benefits – **Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2021**

*If you do not receive Medicare cost-sharing assistance under Medicaid, you pay \$35.40 monthly for the plan premium.

^If you do not receive Medicare cost-sharing assistance under Medicaid, you pay 20% coinsurance for Primary Care and Specialist Care.

**For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items as a part of the monthly OTC allowance. Eligible members will be notified and provided instructions on how to access the benefit.

Section I: Introduction to Summary of Benefits

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare part B premium if not otherwise paid for under Medicaid.

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, see the 2021 Elderplan for Medicaid Beneficiaries (HMO D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at **www.elderplan.org**.

Elderplan Contact Information

Elderplan for Medicaid Beneficiaries hours of operation

- From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern Time.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

Elderplan for Medicaid Beneficiaries phone numbers and website

- If you are a member of this plan, call toll-free **1-800-353-3765**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- If you are not a member of this plan, call toll-free **1-866-695-8101**. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- Our website: **www.elderplan.org**.

This document is available for free in Spanish. Please contact our Member Services number at **1-800-353-3765** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week. This information is also available in different formats, including Braille or other alternate formats. Please call Member Services at the number listed above if you need plan information in another format or language.

Who Can Join?

To join Elderplan For Medicaid Beneficiaries (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and New York State's Medicaid program and live in our service area.

Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, and Westchester.

People who qualify for Medicare and Medicaid are known as dual-eligible beneficiaries. You must be eligible for Medicaid coverage and meet the enrollment eligibility requirements for Elderplan for Medicaid Beneficiaries. The kind of Medicaid benefits you receive are determined by New York State and may vary based

upon your income and resources. With the assistance of Medicaid, some dual-eligible beneficiaries do not have to pay for certain Medicare costs. As an Elderplan for Medicaid Beneficiaries member who qualifies for Medicaid coverage, additional benefits may be available to you from Medicaid.

Useful Information About Medicare

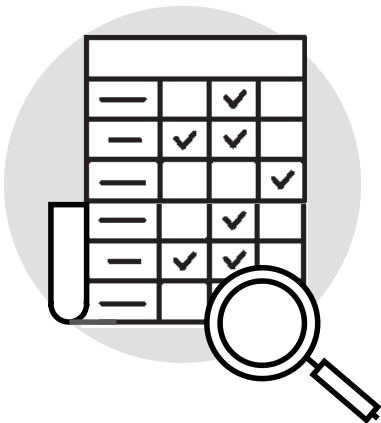
You have choices about how to get your Medicare Benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Elderplan For Medicaid Beneficiaries (HMO D-SNP)).

Tips for Comparing your Medicare Choices

This Summary of Benefits booklet gives you a summary of what Elderplan For Medicaid Beneficiaries (HMO D-SNP) covers and what you pay.

- You can compare Elderplan for Medicaid Beneficiaries and Original Medicare using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers. Our members receive all of the benefits that Original Medicare offers. The Medicaid section includes information about services that you may receive from Medicaid. The covered benefits may change from year to year.



Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2021

- If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at **<http://www.medicare.gov>** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **<http://www.medicare.gov>**.



Information About Elderplan for Medicaid Beneficiaries

Special eligibility requirements for our plan

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be: eligible for both Medicare and Medicaid, or eligible for Medicare and Medicare cost-sharing assistance under Medicaid. Additionally, you:

- Must have Medicare Part A and Medicare Part B.
- Must reside in the plan's service area: Bronx, Kings, Nassau, New York, Queens and and Westchester counties.
- Must be a United States citizen or lawfully present in the United States.

- Must meet the special eligibility requirements described below.

The kind of Medicaid benefits you receive are determined by New York State and may vary based upon your income and resources. With the assistance of Medicaid, some dual-eligible beneficiaries do not have to pay for certain Medicare costs. The Medicaid benefit categories and types of assistance served by our plan are listed below:

- **Full Benefit Dual Eligible (FBDE):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance and copayments). These individuals are also eligible for full Medicaid benefits.
- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and

Part B premiums, and other cost-sharing (like deductibles, coinsurance and copayments). (Some people with QMB are also eligible for full Medicaid benefits (QMB+).)

- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums. (Some people with SLMB are also eligible for full Medicaid benefits (SLMB+).)
- **Qualified Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled and Working Individuals (QDWI):** Helps pay Part A premiums.

Please note: If you lose your eligibility but can reasonably be expected to regain eligibility within three (3) months, then you are still eligible for membership in our plan (Chapter 4, Section 2.1 of your Evidence of Coverage booklet

tells you about coverage and cost-sharing during a period of deemed continued eligibility.)

Which Doctors, Hospitals and Pharmacies can I use?

Elderplan For Medicaid Beneficiaries (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, we may not pay for these services except in emergency situations. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's Provider and Pharmacy Directory at our website **www.elderplan.org**, or call us and we will send you a copy of the Provider and Pharmacy Directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

- Members get all of the benefits covered by Original Medicare.
- Members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.elderplan.org** or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Most of our members in Elderplan for Medicaid Beneficiaries get “Extra Help” with their prescription drug costs. If you receive “Extra Help,” your deductible and cost share amount will depend on the level of “Extra Help” you receive. As a member of our plan, you will receive a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or “LIS Rider”), which tells you about your drug coverage. Please refer to the “LIS Rider” for information about your deductible and cost share amounts.

If you do **not** receive “Extra Help,” you are responsible for your Part D drug costs.

If you have questions about Extra Help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week;
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778** (applications); or
- New York State Department of Health (Social Services) HRA Medicaid Helpline at **1-800-692-6116** between 8 a.m. and 5 p.m., Monday through Friday. TTY users should call **711**.



Section II: Summary of Benefits

The following are the health care costs for Elderplan for Medicaid Beneficiaries. If you meet the eligibility requirements to be in this plan, Medicaid may help pay any health care expenses you may have.

Elderplan For Medicaid Beneficiaries (HMO D-SNP)

Monthly Premium (Part D Premium)	\$0 or \$35.40	You must continue to pay your Part B Premium (unless your Part B Premium is paid for you by Medicaid or another third party.) If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your plan premium.
Part B Deductible	\$0 or \$198	If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your Part B Deductible. This plan has deductibles for Inpatient Hospital Services and Inpatient Psychiatric Services. These are 2020 cost-sharing amounts and may change for 2021. Elderplan for Medicaid Beneficiaries (HMO D-SNP) will provide updated rates as soon as they are released.

Elderplan For Medicaid Beneficiaries (HMO D-SNP)

Maximum Out-of-Pocket

\$7,550

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your plan premium, and any cost-sharing for your Part D prescription drugs.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care	Inpatient Hospital Services	<p>A per admission deductible is applied once during the defined benefit period.</p> <p>In 2020 the amounts for each benefit period are \$0* or:</p> <p>\$1,408 deductible.</p> <p>Days 1–60: \$0 copayment per day.</p> <p>Days 61–90: \$352 copayment per day.</p> <p>Days 91 and beyond:</p> <p>\$704 copayment per lifetime reserve day.</p> <p>Beyond lifetime reserve days: you pay all costs.</p>	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need hospital care (continued)	Inpatient Hospital Services (continued)	These are 2020 cost-sharing amounts and may change for 2021. Elderplan for Medicaid Beneficiaries (HMO D-SNP) will provide updated rates as soon as Medicare releases them.	
	Outpatient Hospital Services	0% or 20% coinsurance.*	
	Ambulatory Surgical Center (ASC)	0% or 20% coinsurance.*	

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor	Primary Care Providers	0% or 20% coinsurance for each visit.*	This benefit is also available through Telehealth. Please call your current provider for details.
	Specialists	0% or 20% coinsurance for each visit.*	This benefit is also available through Telehealth. Please call your current provider for details.
	Nurse Practitioners and Physician Assistants	0% or 20% coinsurance for each visit.*	Authorization only required for in-home visits.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Preventive Care	\$0 copayment	Preventive care services may be covered by Medicare during the benefit year.
		<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Annual “wellness” visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings <ul style="list-style-type: none"> - Multi-target stool DNA tests - Screening barium enemas - Screening colonoscopies - Screening fecal occult blood tests - Screening flexible sigmoidoscopies 	

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Preventive Care <i>(continued)</i>		<ul style="list-style-type: none"> • Depression screening • Diabetes screenings • Hepatitis B Virus (HBV) infection screening • Hepatitis C screening • HIV screening • Lung cancer screenings • Medical nutrition therapy services • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections (STI) screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots • “Welcome to Medicare” preventive visit (one time)

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You want to see a doctor <i>(continued)</i>	Preventive Care <i>(continued)</i>	0% or 20% coinsurance.*	<ul style="list-style-type: none"> • Diabetes self-management training • Glaucoma tests
You Need Emergency Care	Emergency Care	0% or 20% coinsurance (up to \$90) for each visit.*	If you are admitted to the hospital within 24 hours there is no cost share.
	Urgent Care	0% or 20% coinsurance (up to \$65) for each visit.*	This benefit is also available through Telehealth. Please call your current provider for details.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests	Diagnostic Services/ Labs/Imaging • Medicare-covered Lab Services • Outpatient Blood Services	\$0 copayment for each service.	\$0 copayment for each service.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need medical tests <i>(continued)</i>	Diagnostic Services/ Labs/ Imaging • Diagnostic tests and Procedures • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer) • Diagnostic Radiological services (such as MRI scans and CT scans)	0% or 20% coinsurance for each service*.	Authorization required for certain covered services/items.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Hearing Care		0% or 20% coinsurance for Medicare-covered hearing exams.*	
	Hearing Exams	\$0 copayment for Non-Medicare-covered (Routine) Hearing Exams.	You may receive one Non-Medicare-covered (Routine) Hearing Exam every three years.
	Hearing Aids	Up to \$1,300 for both ears combined maximum benefit limit every 3 years. \$0 copayment for Fitting and Evaluation for Hearing Aid(s) every 3 years.	Authorization is required for hearing aid(s) by a Physician or Specialist.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Dental Care	Comprehensive Dental	0% or 20% coinsurance for Medicare-Covered services.*	
	Supplemental Preventive Dental	Not Covered	
	Supplemental Comprehensive Dental	Supplemental Comprehensive Dental Services are limited to selected service codes from the categories below with an allowance of \$375 per quarter (3 months).	Upon exhaustion of the \$375 per quarter (3 months) or the rolled over cumulative amount the member will be responsible for the full cost.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Supplemental Comprehensive Dental Major Services

Endodontic Services		
Covered Services	Copayment	Frequency
Root Canal Therapy, back teeth	No charge	Once per lifetime, per tooth
Retreatment of Root Canal Therapy – Back Teeth	No charge	Once per lifetime, per tooth
Periodontics Services		
Covered Services	Copayment	Frequency
Gingivectomy – Four or More Teeth per Quadrant	No charge	Once per 36 months
Gingival Flap Procedure	No charge	Once per 60 months
Osseous Surgery – Four or More Teeth per Quadrant	No charge	Once per 60 months
Osseous Surgery – One to Three Teeth per Quadrant	No charge	Once per 60 months
Restorative Services		
Covered Services	Copayment	Frequency
Crown – Resin-based Composite	No charge	Once per 60 months, per tooth
Crown – 3/4 Resin-based Composite	No charge	Once per 60 months, per tooth

Restorative Services (continued)		
Covered Services	Copayment	Frequency
Crown – Resin with High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Resin with Predominantly Base Metal	No charge	Once per 60 months, per tooth
Crown – Resin with Noble Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain/Ceramic Substrate	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Predominantly Base Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Noble Metal	No charge	Once per 60 months, per tooth
Crown – Full Cast High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Full Cast Predominantly Base Metal	No charge	Once per 60 months, per tooth
Crown – Full Cast Noble Metal	No charge	Once per 60 months, per tooth
Post and Core in Addition to Crown (Major Restorative)	No charge	Once per 60 months, per tooth

Restorative Services (continued)		
Covered Services	Copayment	Frequency
Each Additional Indirectly Fabricated Post – Same Tooth (Major Restorative)	No charge	Once per 60 months, per tooth
Prefabricated Post and Core in Addition to Crown (Major Restorative)	No charge	Once per 60 months, per tooth
Prosthodontic Services – Fixed		
Covered Services	Copayment	Frequency
Pontic – Cast High Noble Metal	No charge	Once per 60 months, per tooth
Pontic – Cast Predominantly Base Metal	No charge	Once per 60 months, per tooth
Pontic – Cast Noble Metal	No charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to High Noble Metal	No charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to Predominantly Base Metal	No charge	Once per 60 months, per tooth
Pontic – Porcelain Fused to Noble Metal	No charge	Once per 60 months, per tooth
Pontic – Resin with High Noble Metal	No charge	Once per 60 months, per tooth

Prosthodontic Services – Fixed (continued)		
Covered Services	Copayment	Frequency
Pontic – Resin with Predominantly Base Metal	No charge	Once per 60 months, per tooth
Pontic – Resin with Noble Metal	No charge	Once per 60 months, per tooth
Crown – Resin with High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Resin with Predominantly Base Metal	No charge	Once per 60 months, per tooth
Crown – Resin with Noble Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain/Ceramic	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Predominantly Base Metal	No charge	Once per 60 months, per tooth
Crown – Porcelain Fused to Noble Metal	No charge	Once per 60 months, per tooth
Crown – Full Cast High Noble Metal	No charge	Once per 60 months, per tooth
Crown – Full Cast Predominantly Base Metal	No charge	Once per 60 months, per tooth

Prosthodontic Services – Fixed (continued)

Covered Services	Copayment	Frequency
Crown – Full Cast Noble Metal	No charge	Once per 60 months, per tooth

Medicare-covered Benefits

Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Eye Care	Vision Exams	0% or 20% coinsurance for Medicare-covered eye exams.*	
		\$0 Copayment for Non-Medicare-covered. (Routine eye exam for eyewear.)	You may receive one Non-Medicare-covered (Routine) Eye Exam every year.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Eye Care <i>(continued)</i>	Vision Eyewear	\$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	
		\$0 copayment for Non-Medicare-covered eyewear (Routine) up to \$100 annual maximum every year.	Includes contact lenses and eyewear.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care	Inpatient Mental Health	<p>A per admission deductible is applied once during the defined benefit period.</p> <p>In 2020 the amounts for each benefit period are \$0* or:</p> <p>\$1,408 deductible.</p> <p>Days 1–60: \$0 copayment per day.</p> <p>Days 61–90: \$352 copayment per day.</p> <p>Days 91 and beyond: \$704 copayment per lifetime reserve day.</p> <p>Beyond lifetime reserve days: you pay all costs.</p>	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2021

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Mental Health Care	Inpatient Mental Health (continued)	These are 2020 cost-sharing amounts and may change in 2021. Elderplan for Medicaid Beneficiaries (HMO D-SNP) will provide updated rates as soon as Medicare releases them.	
	Outpatient Mental Health	Mental Health: 0% or 20%* coinsurance for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.
		Psychiatric Services: 0% or 20%* coinsurance for each Individual or Group session.	This benefit is also available through Telehealth. Please call your current provider for details.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Rehabilitative or Skilled Nursing Care	Skilled Nursing Facility	<p>A per admission deductible is applied once during the defined benefit period is \$0* or:</p> <p>Days 1–20: \$0 per day.</p> <p>Days 21–100: \$176 copayment per day.</p> <p>Days 101 and beyond: you pay all costs.</p>	<p>The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is required.</p> <p>Authorization is required.</p>

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Rehabilitative or Skilled Nursing Care <i>(continued)</i>	Skilled Nursing Facility <i>(continued)</i>	These are 2020 cost-sharing amounts and may change for 2021. Elderplan for Medicaid Beneficiaries (HMO D-SNP) will provide updated rates as soon as Medicare releases them.	
You need Outpatient Therapy	Physical Therapy	0% or 20% coinsurance for each visit.*	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Medicare-covered Benefits			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need help getting to health services	Ambulance	0% or 20% coinsurance for each one-way trip.*	Authorization is only required for non-emergency services.
	Transportation	\$0 copayment. You may take up to 6 one-way trips for medical related purposes every 3 months.	You may take a taxi, bus, subway, or van.
You need drugs to treat your illness or condition	Medicare Part B Drugs	0% or 20% coinsurance for each Medicare Part B prescription drugs.*	Authorization is required for certain items.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2021

Medicare Part D	
Part D Premium	\$0 or \$35.40 per month
Part D Deductible	Most Elderplan for Medicaid Beneficiaries members get “Extra Help” with their prescription drug costs. For 2021, the Part D deductible is \$445. If you receive “Extra Help,” your deductible amount depends on the level of “Extra Help” you receive—you will either pay \$0 or \$92 for Part D deductible. Members pay the full cost of their drugs until their deductible is met, then the cost-shares are applied in the initial coverage stage.
Initial Coverage Stage (30-day supply)	
For Generic Drugs (including brand drugs treated as generic):	Depending on your Extra Help you pay: \$0 copay or \$1.30 copay \$3.70 copay or 15% of the cost or 25% of the cost

Medicare Part D	
For All Other Drugs :	Depending on your Extra Help you pay: \$0 copay or \$4.00 copay \$9.20 copay or 15% of the cost or 25% of the cost

You may get your drugs from a network or mail-order pharmacy for a 1-month (30 days) or a long-term supply (up to 90 days). If you reside in a long-term care facility, you may get a 1-month supply (31 days).

Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap stage).

Coverage Gap Stage	
You pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.	If you receive Extra Help, you will not enter the Coverage Gap Stage. Instead, you will continue to pay the Initial Coverage Stage cost-sharing until the Catastrophic Stage.

You stay in this stage until your “out-of-pocket costs” (your payments) reach a total of \$6,550. This amount and rules for counting costs toward this amount have been set by Medicare.

Catastrophic Coverage Stage	
Once your “out-of-pocket costs” (your payments) reach a total of \$6,550, you stay in this payment stage until the end of the calendar year.	

Medicare Part D		
Catastrophic Coverage Cost-Sharing	If you receive “Extra Help,” depending on your level of Extra Help you pay:	If you do not receive “Extra Help” you pay either a coinsurance or copayment, whichever is larger:
For Generic Drugs (including brand drugs treated as generic):	\$0 copay - or - \$3.70 copay	\$3.70 copay - or - 5% coinsurance
For All Other Drugs:	\$0 copay - or - \$9.20 copay	\$9.20 copay - or - 5% coinsurance

Other Covered Services			
Health Need or Problem	Covered Benefit	Your Cost Share	What You Should Know
You need Medical Equipment and Supplies	Durable Medical Equipment (like wheelchairs or oxygen)	0% or 20% coinsurance for Medicare-covered Durable Medical Equipment (DME).*	Authorization is only required for certain items.
	Medical Supplies	0% or 20% coinsurance for Medical Supplies.*	Authorization is required.
	Prosthetics (artificial limbs or braces)	0% or 20% coinsurance for Prosthetic Devices.*	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Other Covered Services			
You need Rehabilitation Services	Physical Therapy, Occupational Therapy, Speech Language Therapy.	0% or 20% coinsurance for each visit.*	Authorization is required.
	Cardiac Rehabilitation	0% or 20% coinsurance for each visit.*	Authorization is required.
	Pulmonary Rehabilitation	0% or 20% coinsurance for each visit.*	Authorization is required.

*If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

More benefits with your plan

Acupuncture Services	\$0 copayment per visit. You may receive up to 20 visits per year.
OTC	You may purchase up to \$120 every month of eligible OTC items on an OTC card provided by Elderplan.
OTC + Grocery	For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items as a part of the monthly OTC allowance.
Post-discharge Meals	Post-discharge Meal program allows two prepared meals a day for up to 14 days following an inpatient hospital or skilled nursing facility stay up to two times a year.
Silver&Fit® Fitness Program	The Silver&Fit® Exercise and Healthy Aging program provides Elderplan members access to participating fitness centers and select YMCAs at no cost.

More benefits with your plan

Teladoc®

At \$0 cost share, Teladoc® connects you with board-certified doctors 24 hours a day, 7 days a week for video or phone chat using your smartphone, tablet or computer.

These doctors can help diagnose, treat and even write prescriptions for a variety of non-emergency conditions.

Worldwide Emergency/Urgent Care

\$0 cost-sharing for Worldwide Emergency/Urgent Coverage. The maximum benefit coverage amount is \$50,000.

Section III: Summary of Medicaid Benefits not covered by Elderplan

There may be some services that you may be eligible for from Medicaid that are not covered by Elderplan for Medicaid Beneficiaries. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit Card.

If you have questions about the assistance you get from Medicaid, please use the information below to contact your appropriate New York State Department of Health (Social Services) office. Please reference the Medicaid contact table.

The following services are not covered by Elderplan for Medicaid Beneficiaries (HMO D-SNP) but are available through Medicaid:

Medicaid Benefits	
Medicare cost-sharing for Part A and B Medicare benefits, encompassing deductibles, co-pays and co-insurance amounts	
Inpatient Mental Health	All inpatient mental health services, including voluntary or involuntary admissions for mental health services, over the Medicare 190-Day Lifetime Limit.
Non-Medicare-covered Care in Skilled Nursing Facility	Skilled nursing facility days provided by a licensed facility, in excess of the first 100 days in the Medicare Advantage benefit period.

Medicaid Benefits

Non-Medicare-covered Home Health Services

Medicaid-covered home health services include the provision of skilled services not covered by Medicare (e.g., physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or nurse to pre-fill syringes for disabled individuals with diabetes) and/or home health aide services as required by an approved plan of care.

Non-Medicare-covered Durable Medical Equipment

Medicare and Medicaid-covered durable medical equipment, including devices and equipment other than medical/surgical supplies, enteral formula, and prosthetic or orthotic appliances having the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful to a person in the absence of illness or injury; and are usually fitted, designed or fashioned for a particular individual's use.

Medicaid Benefits	
Outpatient Rehabilitation (OT, PT, Speech)	Medicaid-covered occupational therapy; physical therapy and speech and language therapy are limited to twenty (20) visits per therapy per calendar year except for children under age 21 and the developmentally disabled.
Prosthetics	Medicaid-covered prosthetics, orthotics and orthopedic footwear.
Personal Care Services	Personal care services (PCS) are the provision of some or total assistance with such activities as personal hygiene, dressing and feeding; and nutritional and environmental support function tasks (meal preparation and housekeeping). Such services must be essential to the maintenance of the Member's health and safety in his or her own home. Personal care must be medically necessary, ordered by the Member's physician and provided by a qualified person in accordance with a plan of care.

Medicaid Benefits	
Private Duty Nursing Services	<p>Private duty nursing services provided by a person possessing a license and current registration from the NYS Education Department to practice as a registered professional nurse or licensed practical nurse. Private duty nursing services can be provided through an approved certified home health agency, a licensed home care agency, or a private practitioner. The location of nursing services may be in the Member’s home.</p> <p>Private duty nursing services are covered when determined by the attending physician to be medically necessary. Nursing services may be intermittent, part-time or continuous and provided in accordance with the ordering physician, registered physician assistant or certified nurse practitioner’s written treatment plan.</p>

Medicaid Benefits	
Dental Services	Dental services include, but shall not be limited to, preventive, prophylactic and other dental care, services, supplies, routine exams, prophylaxis, oral surgery (when not covered by Medicare), and dental prosthetic and orthotic appliances required to alleviate a serious health condition, including one which affects employability.

Medicaid Benefits	
Non-Emergency Transportation	<p>Transportation expenses are covered when transportation is essential in order for a Member to obtain necessary medical care and services which are covered under the Medicaid program.</p> <p>Transportation services mean transportation by ambulance, ambulette, fixed wing or airplane transport, invalid coach, taxicab, livery, public transportation, or other means appropriate to the Member’s medical condition; and a transportation attendant to accompany the Member, if necessary. Such services may include the transportation attendant’s transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the Member’s family.</p> <p>For Members with disabilities, the method of transportation must reasonably accommodate their needs, taking into account the severity and nature of the disability.</p>

Medicaid Benefits	
Medical and Surgical Supplies, Enteral and Parenteral Formula	<p>These items are generally considered to be one-time only use, consumable items routinely paid for under the Durable Medical Equipment category of fee-for-service Medicaid.</p> <p>Coverage of enteral formula and nutritional supplements are limited to coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding.</p> <p>Coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) tube-fed individuals who cannot chew or swallow food and must obtain nutrition through formula via tube; 2) individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means; and, 3) children who require medical formulas due to</p>

Medicaid Benefits

Medical and Surgical Supplies, Enteral and Parenteral Formula *(continued)*

mitigating factors in growth and development. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein or which contain modified protein.

Nutrition

Nutrition services include the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education regarding therapeutic diets as part of the treatment milieu,

Medicaid Benefits	
Nutrition <i>(continued)</i>	development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist.
Medical Social Services	Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of a patient in the home where such services are performed by a qualified social worker and provided within a plan of care. These services must be provided by a qualified social worker.

Medicaid Benefits	
Social and Environmental Supports	Social and environmental supports are services and items that support the medical needs of the Members and are included in a Member's plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement and respite care.
Home Delivered and Congregate Meals	Home delivered and congregate meals are meals provided at home or in congregate settings (e.g. senior centers) to individuals unable to prepare meals or have them prepared.
Adult Day Health Care	Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative or palliative items or services.

Medicaid Benefits	
Adult Day Health Care <i>(continued)</i>	Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities (which are a planned program of diverse meaningful activities), dental, pharmaceutical and other ancillary services.
Social Day Care	Social day care is a structured, comprehensive program which provides functionally impaired individuals with socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance and case coordination and assistance.

Medicaid Benefits

Personal Emergency Response Services (PERS)

Personal Emergency Response Services (PERS) is an electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices.

Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted upon by a response center.

Medicaid Benefits

Hearing Services

Hearing services and products when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.

Vision Services

Services of optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses, medically necessary contact lenses and poly-carbonate lenses, artificial eyes (stock or custom-made), low vision aids and low vision services. Coverage also includes the repair or replacement of parts. Coverage also includes examinations for diagnosis and treatment for visual defects and/or eye disease.

Medicaid Benefits	
Vision Services <i>(continued)</i>	Examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged or destroyed.
Medicaid Fee-for-Service Pharmacy Benefits	Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit.)
Methadone Maintenance Treatment Programs	Covered by Medicaid Fee-for-Service

Medicaid Benefits

<p>Certain Mental Health Services</p>	<p>Covered by Medicaid Fee-for-Service Certain Mental Health Services, including:</p> <ul style="list-style-type: none"> • Intensive Psychiatric Rehabilitation Treatment Programs • Day Treatment • Continuing Day Treatment • Case Management for Seriously and Persistently Mentally Ill (sponsored by state or local mental health units) • Partial Hospitalizations • Assertive Community Treatment (ACT) • Personalized Recovery Oriented Services (PROS)
<p>Rehabilitation Services Provided to Residents of OMI-I Licensed Community Residences (CRS) and Family-based Treatment Programs</p>	<p>Covered by Medicaid Fee-for-Service</p>
<p>Office of Intellectual and Developmental Disabilities Services</p>	<p>Covered by Medicaid Fee-for-Service</p>

Medicaid Benefits	
Comprehensive Medicaid Case Management	Covered by Medicaid Fee-for-Service
Home & Community-Based Services Waiver Program	Covered by Medicaid Fee-for-Service
Directly Observed Therapy for Tuberculosis Disease	Covered by Medicaid Fee-for-Service
Assisted Living Program	Covered by Medicaid Fee-for-Service



Other services may be available to you which can be accessed through Medicaid Fee-for-Service.

Contact Information for New York State Medicaid Program

Method	New York State Department of Health (Social Services) – Contact Information
CALL	<p>HRA Medicaid Helpline: 1-888-692-6116</p> <p>Nassau County: 516-227-8000</p> <p>Available 9 a.m. to 4 p.m., Monday through Friday</p> <p>New York City: 718-557-1399</p> <p>Available 8 a.m. to 5 p.m., Monday through Friday</p> <p>Westchester County: 914-995-3333</p> <p>Available 8:30 a.m. to 5 p.m., Monday through Friday</p>
TTY	<p>711</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p>

Summary of Benefits – Elderplan for Medicaid Beneficiaries (HMO D-SNP) 2021

Method	New York State Department of Health (Social Services) – Contact Information
WRITE	<p>New York City Human Resources Administration Medical Assistance Program Correspondence Unit 785 Atlantic Avenue 1st Floor Brooklyn, NY 11238</p> <p>Nassau County Department of Social Services 60 Charles Lindbergh Boulevard Uniondale, NY 11553</p> <p>Westchester County Department of Social Services White Plains District Office 85 Court Street White Plains, NY 10601</p>
WEBSITE	<p>https://www.health.ny.gov/health_care/medicaid/ldss.htm</p>

Elderplan, Inc.
Notice of Nondiscrimination – Discrimination is Against the Law

Elderplan/HomeFirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Elderplan, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Elderplan/HomeFirst.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator. If you believe that Elderplan/HomeFirst has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Civil Rights Coordinator
6323 7th Ave
Brooklyn, NY, 11220
Phone: 1-877-326-9978, TTY 711
Fax: 1-718-759-3643

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, Civil Rights Coordinator, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

ATTENTION: If you speak a non-English language or require assistance in ASL, language assistance services, free of charge, are available to you. Call 1-800-353-3765 (TTY: 711).

(Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-353-3765 (TTY: 711).

(Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-353-3765 (TTY: 711)。

(Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-353-3765 (телетайп: 711).

(French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-353-3765 (TTY: 711).

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-353-3765 (TTY: 711)번으로 전화해 주십시오.

(Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-353-3765 (TTY: 711).

(Yiddish) אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פון אפצאל. 1-800-353-3765 (TTY: 711) רופט.

(Bengali) লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-353-3765 (TTY: 711)।

(Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-353-3765 (TTY: 711).

(Arabic) ملحوظة: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في ASL، فإن خدمات المساعدة اللغوية تتوافر لك مجاناً. اتصل برقم 1-800-353-3765 (TTY: 711).

(French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-353-3765 (ATS: 711).

(Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-353-3765 (TTY: 711)۔

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-353-3765 (TTY: 711).

(Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-353-3765 (TTY: 711).

(Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-353-3765 (TTY: 711).

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-353-3765**.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **www.elderplan.org** or call **1-800-353-3765** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on **January 1, 2022**.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory.)
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

For more information, call us toll-free

1-800-353-3765

8 a.m.–8 p.m., 7 days a week.

TTY/TDD users should call

711

Visit our website

Elderplan.org

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare part B premium if not otherwise paid for under Medicaid.